

U.S.CITIZEN REGISTRATION FORM - U.S. EMBASSY, SEOUL

Please FAX this to the Embassy at (02) 397-4621 when completed!

Length of Time You Intend to Reside in Korea: _____/_____
No. of years No. of months

_____/_____/_____
Last Name First Name Middle Name

Alias: _____/_____/_____

Sex: _____ Place of Birth: _____ DOB: _____
M/F

Height: _____ft. _____in. Hair Color: _____ Eye Color: _____

Passport No.: _____ Date of Issue: _____ Place of Issue: _____

Passport Expiration Date: _____

Local Address: _____

_____ Local Phone: _____

U.S. Address: _____

Street, P.O. Box Number, etc.

_____/_____/_____
City State Zip

U.S. Phone No.: _____

Emergency Contact: _____ Relationship: _____

Emergency Address: _____

Emergency Phone: _____

Your Employer or
Affiliation: _____ Business Phone: _____

Business Address: _____

Your Occupation: _____ Soc. Sec. No. _____

Naturalization: _____ Date: _____

Last Departure from the U.S.: _____

Naturalization Certificate No.: _____

PLEASE COMPLETE THE BLANKS BELOW FOR EACH DEPENDENT

(SEO-231 (1/99))

_____/_____/_____
Last Name First Name Middle Name

Sex: M F Place of Birth: _____ DOB: _____

Height: _____ ft. _____ in. Hair Color: _____ Eye Color: _____

Passport No. _____ Date of Issue: _____

Place of Issue: _____ Passport Exp. Date: _____

Naturalization Certificate No.: _____ Date: _____

_____/_____/_____
Last Name First Name Middle Name

Sex: M F Place of Birth: _____ DOB: _____

Height: _____ ft. _____ in. Hair Color: _____ Eye Color: _____

Passport No. _____ Date of Issue: _____

Place of Issue: _____ Passport Exp. Date: _____

Naturalization Certificate No.: _____ Date: _____

_____/_____/_____
Last Name First Name Middle Name

Sex: M F Place of Birth: _____ DOB: _____

Height: _____ ft. _____ in. Hair Color: _____ Eye Color: _____

Passport No. _____ Date of Issue: _____

Place of Issue: _____ Passport Exp. Date: _____

Naturalization Certificate No.: _____ Date: _____

PLEASE COMPLETE AND SIGN THE SECTION BELOW...

American Embassy Seoul, American Citizen Services

In accordance with the Privacy Act (PL 93-579) passed by Congress in 1974, the Embassy cannot release any information regarding you that is not considered to be in the public domain to anyone without your written consent except as set forth in the Act. Therefore, it is requested that you complete the authorization below specifying whom the Embassy Seoul may contact and release information to with regard to your case. Please return the completed authorization to the Embassy Officer or to the address given below.

AUTHORIZATION FOR THE RELEASE OF INFORMATION UNDER THE PRIVACY ACT

I, _____, do hereby authorize the American Embassy in Seoul and the Department of State to release to the following person(s) information regarding my:

(Please circle one or more)

local address;

illness/injury;

detention/arrest;

financial difficulties;

other emergencies

A. NAMES AND ADDRESSES OF PERSON(S) YOU WISH THE EMBASSY TO CONTACT:

(Name & Address) _____

(Name & Address) _____

(Name & Address) _____

**B. IN THE EVENT OTHER PERSONS REQUEST INFORMATION REGARDING MY CASE,
INFORMATION CAN BE RELEASED TO THE FOLLOWING:**

Yes No Family (other than those listed under item A)

Yes No Friends (other than those listed under item A)

Yes No Individual members of Congress

Yes No Members of the Press

Yes No The General Public

Information will only be released under Item B if requested and if we have your authorization.

(Date and Place)

(Signature of individual)

**PRIVACY ACT NOTICE FOR USE WHEN REQUESTING INFORMATION FROM U.S. CITIZENS IN
CONNECTION WITH CONSULAR SERVICES**

The primary purpose for soliciting the information is to establish your citizenship, identity, and entitlement to welfare and protection services by the U.S. government. The information is also needed to assist you in your present need for consular services.

This information may be made available on a need-to-know basis to personnel of the Department of State and other Government agencies having statutory or other lawful authority to maintain such information in the performance of their official duties. It may also be made available to officials of the host government, should the disclosure of such information be considered to be in your interest.

Failure to provide the information requested on this form may make it difficult or impossible for the Department of State to assist you.

Updated September 10, 1999